HW

D 02-4-194

Leepurpose

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group Art Unit: 2875

Examiner: Y Quach Lee

ATENT APPLICATION

In re Application of
Benoit M. Reiss

Serial No.: 10/812,209 ) Paper No.

Filed: 03/29/2004

For: OPTICAL ELEMENT FOR A HIGH MOUNTED STOP LAMP WITH AN LED

LIGHT SOURCE

## CERTIFICATE OF MAILING 37 CFR 1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the

Date Nov- 18, 2004

Signed

**Commissioner for Patents** 

P.O. Box 1450

Alexandria, VA 22313-1450

## AMENDMENT A

## **Introductory Comments**

Dear Sir:

In response to the Office Action dated August 25, 2004, please make the following amendments.

12/07/2004 TSTEPTOE 00000008 150665 10812209

01 FC:1201

176.00 DA

## Effective October 1, 2003 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE [ OR SMALL ENTITY **TOTAL CLAIMS** RATE FEE RATE FEE FOR NUMBER FILED NUMBER EXTRA BASIC FEE 385.00 BASIC FEE 770.00 OR TOTAL CHARGEABLE CLAIMS minus 20= XS 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X43= X86= OR MULTIPLE DEPENDENT CLAIM PRESENT +145= +290= OR \* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN (Column 1) SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 3) CLAIMS HIGHEST ADDI-4 ADDI-REMAINING NUMBER **PRESENT** ENDMENT RATE TIONAL AFTER PREVIOUSLY RATE TIONAL **EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X86= X43= OR 17/200 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= +290= OR TOTAL TOTAL OR ADDIT FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST 8 ADDI-REMAINING ADDI-NUMBER PRESENT ENT AFTER **PREVIOUSLY** RATE TIONAL RATE TIONAL **EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus -X\$ 9= OR X\$18= AME Independent Minus X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= +290= OR TOTAL OR ADDIT. FEE ADDIT: FEE (Column 1) (Column: 2) (Column 3) CLAIMS HIGHEST REMAINING. ADDI-ADDI-NUMBER PRESENT AMENDMENT AFTER **PREVIOUSLY** TIONAL EXTRA RATE RATE TIONAL **AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X43= X86= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +145= +290= OR If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT, FEE "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.". ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number